

(Rev.	January	2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* **Signature Authorization**

▶ ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)
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Submission Identification Number (SID)				
Taxpayer's name	Social security	y numbe	r	
MOHAN KRISHNA REDDY RAJANALA	206-21-	-7634		
Spouse's name	Spouse's soci	al securi	ity number	
Part I Tax Return Information – Tax Year Ending December 31, 2023 (En	nter year you ar	re auth	orizina.))
Enter whole dollars only on lines 1 through 5.		0 0.0.0		/
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income		1	15,	,680.
2 Total tax		2		184.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		800.
4 Amount you want refunded to you		4		616.
5 Amount you owe		5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen				
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tract to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended).	nsmitter, or electro rejection of the tra- le U.S. Treasury ar indicated in the ta tution to debit the nate the authoriza requests must be the processing of ne payment. I furth	nic return ansmiss and its de x prepa entry to tion. To receive the elect her acki	rn originat ion, (b) the signated l ration soft this acco revoke (c ed no late ctronic pay nowledge	or (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the
Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only				
■ I authorize GLOBAL TAXES LLC to enter or general	ate my PIN	76	3 4	as my
ERO firm name	- Ente		gits, but all zeros	as my
signature on the income tax return (original or amended) I am now authorizing.	401		20103	
 I will enter my PIN as my signature on the income tax return (original or amended) I at if you are entering your own PIN and your return is filed using the Practitioner PIN m below. Your signature ► Monetation Date I 	ethod. The ERO			
Spouse's PIN: check one box only			<u> </u>	
I authorize to enter or generation	ate my PIN			as my
ERO firm name	Ent		gits, but	
signature on the income tax return (original or amended) I am now authorizing.			all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I all if you are entering your own PIN and your return is filed using the Practitioner PIN m below.				
Spouse's signature Date	•			
Practitioner PIN Method Returns Only—continue be	ow			
Part III Certification and Authentication – Practitioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 2 4 9 6 Don't ente	6 6 a	1 9 8 55	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incom authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	ubmitting this retu	rn in ac	cordance	
ERO's signature Date				
ERO Must Retain This Form – See Instructions				
Don't Submit This Form to the IRS Unless Requested T				

Don't Submit This Form to the IRS Un	less Requested To I

1040)-N	IR Department of the Treasury-Inter U.S. Nonresident Ali	nal Revenue Service en Income Tax	Return	2023	OMB No. 15	545-0074	L.,	Dnly—Do not write le in this space.	
For the year Jar	n. 1–C	ec. 31, 2023, or other tax year beginn	ing	, 2023, e	ending	,	20		e separate structions.	
Your first name	and ı	niddle initial	Last name					our identifying number ee instructions)		
							206	06-21-7634		
Home address	(numl	per and street). If you have a P.O. box	, see instructions.						Apt. no.	
1700 KICK									1756	
City, town, or p	ost of	fice. If you have a foreign address, als	so complete spaces be	low.		State		ZIP co		
EDMOND						OK		7303	4	
Foreign country	' nam	e	Foreign province/stat	e/county		Foreign	postal co	ode		
Filing Status Check only one box.	lf : 	Single Difference Married filing separation of the Separation of t	child's name if the qual	ifying perso		ot your dep			Trust	
Digital Assets	At a othe	ny time during 2023, did you: (a) recei prwise dispose of a digital asset (or a f	ve (as a reward, award inancial interest in a di	, or payme gital asset)'	nt for property or ? (See instructions	services); c .)	or (b) sell,	exchan	ge, or Yes 🔀 No	
Dependents (see instructions):		(1) First name Last name	(2) Depend identifying r		(3) Relationship to	Chi	leck the bo	_{-lit} C	ies for (see inst.): redit for other dependents	
If more than four										
dependents, see									<u> <u> </u></u>	
instructions and	<u> </u>								<u> </u>	
check here										
Income	1 a	Total amount from Form(s) W-2, box							15,680.	
Effectively	b	Household employee wages not rep					. 1k			
Connected	c	Tip income not reported on line 1a (s	,				. 10			
With U.S.	d	Medicaid waiver payments not repo					. <u>1</u> c	-		
Trade or	e	Taxable dependent care benefits fro				• • •	. <u>1</u> e	-		
Business	f	Employer-provided adoption benefit					. 11	-		
Attach	g	Wages from Form 8919, line 6					. 10			
Form(s) W-2,	h	Other earned income (see instruction	,				. 11	1		
1042-S,		Reserved for future use			. 1 i					
SSA-1042-S, RRB-1042-S,	J	Reserved for future use				• • •	. 1 j	_		
and 8288-A	ĸ	Total income exempt by a treaty from								
here. Also attach	_	line 1(e)			. 1 k		- 1-		15,680.	
Form(s)	z	Add lines 1a through 1h	\cdot		· · · · ·				13,000.	
1099-R if	2a 3a	Tax-exempt interest.2aQualified dividends3a			able interest nary dividends .			-		
tax was withheld.	4a	IRA distributions 4a			able amount					
If you did not	ча 5а	Pensions and annuities			able amount					
get a Form	6	Reserved for future use								
W-2, see	7									
instructions.	8	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here								
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and							15,680.	
	10	Adjustments to income from Sched	-							
		income								
	11	Subtract line 10 from line 9. This is y							15,680.	
	12	Itemized deductions (from Schedu deduction (see instructions)						2	13,850.	
	13a	Qualified business income deduction	n from Form 8995 or Fo	orm 8995-A	A. 13a					
	b	Exemptions for estates and trusts or	nly (see instructions)		. 13b					
	С	Add lines 13a and 13b					. 13	c		
	14							<u>ا</u>	13,850.	
	15	Subtract line 14 from line 11. If zero	or less, enter -0 This	is your tax	able income		. 15	5	1,830.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040-NR** (2023)

Form 1040-NR (2023)										Page 2
Tax and	16	Tax (see instructions). Check if any fr	rom For	rm(s): 1 🗌 88	314 2	497	2 ;	з 🗆		16	184.
Credits	17	Amount from Schedule 2 (Form 104	10), line	3						17	0.
	18	Add lines 16 and 17								18	184.
	19	Child tax credit or credit for other d	epende	ents from Sched	ule 8812 (Fo	orm 10	40) .			19	
	20	Amount from Schedule 3 (Form 104	10), line	8						20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18. If zero	o or less	s, enter -0			,			22	184.
	23a	Tax on income not effectively conne Schedule NEC (Form 1040-NR), line					23a				
	b	Other taxes, including self-employn line 21					23b				
	с	Transportation tax (see instructions)				23c				
	d	Add lines 23a through 23c								23d	
	24	Add lines 22 and 23d. This is your t	otal ta:	x						24	184.
Payments	25	Federal income tax withheld from:									
	а	Form(s) W-2					25a		800.		
	b	Form(s) 1099........					25b				
	С	Other forms (see instructions) .					25c				
	d	Add lines 25a through 25c								25d	800.
	е	Form(s) 8805								25e	
	f	Form(s) 8288-A								25f	
	g	Form(s) 1042-S								25g	
	26	2023 estimated tax payments and a	amount	applied from 20	22 return .					26	
	27	Reserved for future use					27				
	28	Additional child tax credit from Sch	edule 8	812 (Form 1040))		28				
	29	Credit for amount paid with Form 1	040-C				29				
	30	Reserved for future use				•	30				
	31	Amount from Schedule 3 (Form 104					31				
	32	Add lines 28, 29, and 31. These are								32	
	33	Add lines 25d, 25e, 25f, 25g, 26, an	nd 32. T	hese are your to	tal paymer	nts .				33	800.
Refund	34	If line 33 is more than line 24, subtra					-	-		34	616.
	35a	Amount of line 34 you want refunde								35a	616.
Direct deposit?	b	Routing number 1 0 3 0		; ; ; ; ; ; ;			Check	king 🗌 🤅	Savings		
See instructions.	d	Account number 3 0 5 0									
	е	If you want your refund check maile enter it here.									
	36	Amount of line 34 you want applied	d to you	ur 2024 estimat	ed tax .		36				
Amount	37	Subtract line 33 from line 24. This is		-							
You Owe		For details on how to pay, go to wu	/w.irs.g	ov/Payments or	see instruct	tions .	, · ·			37	
	38	Estimated tax penalty (see instruction	ons) .			•	38				
Third	Do yo	ou want to allow another person to dis	scuss t	his return with th	e IRS? See	instru	ctions.	∐ Ye	s. Compl	ete below.	🔀 No
Party Designee	name no number (PI							cation			
		penalties of perjury, I declare that I have e they are true, correct, and complete. Decl									
Sign	,		aration	· · 、			su on a	ii iiiioiiiiatioi		•	, 0
-	Your	signature		Date	Your occu	pation					ou an Identity enter it here
Here					DATA E	NGIN	EER		(see		
	Phone	e no		Email address					(
			reparer	's signature			Date		PTIN	Che	eck if:
Paid				SAI PAVAN KU	IMAR DIIDIF	PATITIT			P02470		Self-employed
Preparer		sname GLOBAL TAXES LL					I		Phone no		965-9522
Use Only		s address 245 ROONEY CT		NINGWICK N	Т 08816				Firm's El	(= · = /	<u>905-9522</u> 2145487
Go to www.irs.		rm1040NR for instructions and the lates				BAA	REV	03/04/24 PRC			1040-NR (2023)
						DAA				-	·)

(Form	(Form 1040-NR)							6000
Departn Internal	Department of the Treasury Internal Revenue Service	Attach to Form 1040-NR. Go to <i>www.irs.gov/Form1040NR</i> for instructions and the latest information.	Attach to 40NR for i	Attach to Form 1040-NR. 40NR for instructions and th	e latest informatio	on.	Se	Attachment Sequence No. 7B
Name show	Name shown on Form 1040-NR MOHAN EDTSHAN DEDOV	ה דגואגד גם יית					Your identifying number	l number הפאו
Enter a	MINIMA NALUTINA	16					/_TZ_00Z	۲. ۵
		Natura of Income		(a) 10%	(h) 15%	%UE (~)	(d) Othe	(d) Other (specify)
			-	a) 10 /0	0/ C1 (n)	0/ 00 (5)	%	%
-	Dividends and dividend equivalents:	end equivalents:						
σ	Dividends paid by U.S. corporations	I.S. corporations	- 1 a					
q	Dividends paid by foreign corporations	oreign corporations	₽					
°,	Dividend equivalent p	Dividend equivalent payments received with respect to section 871(m) transactions	ions 1c					
N	Medest:							
ע מ	Norigage		87 4					
2 (Palu by loreign corporations Other		מ <mark>ק</mark> ג י					
° ~	Industrial rovaltias (n	ndustrial roughias (natants tradamarks atro)	יים <mark>1</mark> ני					
2 4	Motion picture or TV convictet rovalties	Jacons, itadenia no, etc.)	ס ק					
•		active and a second	r u					
ດເ	Uther royalties (copy	Other royalties (copyrights, recording, publishing, etc.)	ם ע					
Ø	Heal property incom-		•					
2	Pensions and annuities .	ties	~					
œ	Social security benefits .	sfits	∞					
೧	Capital gain from line 18 below		റ					
6	Gambling—Resident If zero or less, enter	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0						
a	Winnings							
q	Losses		. 10c					
=	Gambling-Resident Note: Enter winnings	Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed	11					
12	Other (specify):							
			12					
13	Add lines 1a through	Add lines 1a through 12 in columns (a) through (d)						
1 4	Multiply line 13 by r	Multiply line 13 by rate of tax at top of each column	4				-	
15	Tax on income not e	Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a Conital Conice and Locose Erom Soles or Exchanges of Dependence	columns (a)	through (d) of line 1	4. Enter the total her	e and on Form 1040-	-NR, line 23a 15	
						<u>_</u>		
Enter of losses f exchang within th	Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not	16 (a) Kind of property and description (b) Date (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired mm/dd/yyyy	(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
effectiv busines	effectively connected with a U.S. business. Do not include a gain							
or loss (property	or loss on disposing of a U.S. real property interest; report these							
gains al (Form 1	gains and losses on Schedule D (Form 1040).							
Report	Report property sales or exchanges that are offectively							
connec on Sche	connected with a U.S. business on Schedule D (form 1040), form 1707 or hoth	17 Add columns (f) and (g) of line 16 17 (i) 18 Canital ratin Combine columns (f) and (n) of line 17 Enter the net ratin here and on line 9 above. If a loss enter -0-		ar the net dain her		17 Ave If a loss ente		
	rar, or bout.			מ הום וומר אמוודומו				

SCHE	DULE OI
(Form	1040-NR)

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Other Information

OMB No. 1545-0074

(Form	1040-NR)		Attac	h to Form 1040-NR.			୬ଲ୨	2
	ent of the Treasury Revenue Service	Go t	o www.irs.gov/Form1040N Ans	R for instructions and wer all questions.	the latest information	-	Attachment Sequence No	. 7C
Name sł	nown on Form 1040)-NR		-		Your identifyir		
MOHA	N KRISHNA	REDDY RAJA	ANALA			206-21-	7634	
Α			vere you a citizen or nation					
в	In what country	y did you c l aim	residence for tax purpose	s during the tax year?	United States			
С	Have you ever	applied to be a	green card holder (lawful p	ermanent resident) of	the United States? .		🗌 Yes	🗙 No
D	Were you ever:						_	
	A U.S. citizen?							🛛 No
2.	-		rmanent resident) of the Ur				∐ Yes	🗙 No
Е	If you had a vi	sa on the last o	t), see Pub. 519, chapter 4, day of the tax year, enter			iter your U.S.		
F	Have you ever	changed your v	day of the tax year. <u>F1</u> risa type (nonimmigrant sta	tus) or U.S. immigratio	on status?		🗌 Yes	🛛 No
	If you answered	d "Yes," indicat	e the date and nature of th	e change:				
G	-		left the United States durin	-				
			Canada or Mexico AND cor Mexico and skip to item H					
		United States	Date departed United Stat mm/dd/yy		ate entered United State mm/dd/yy	Mexico	parted United mm/dd/yy	d States
		aa, yy			iiiiii aa yy		mm, da, yy	
н			vacation, nonworkdays, and					
I			return for any prior year? .				X Yes	🗌 No
			nd form number you filed:					
J	Are you filing a	return for a trus	st?				🗌 Yes	🗙 No
	If "Yes," did th	e trust have a l	J.S. or foreign owner under ribution from a U.S. person	er the grantor trust rul	es, make a distributior	n or l oan to a	🗌 Yes	🗌 No
К			ation of \$250,000 or more ative method to determine					🔀 No 🗌 No
L	Income Exemp	t From Tax-If	you are claiming exempt See Pub. 901 for more in	ion from income tax	under a U.S. income			
1.	Enter the name	of the country,	the applicable tax treaty an le columns below. Attach Fe	icle, the number of mo	onths in prior years you	claimed the t	reaty benefit	t, and the
		(a) Cou		(b) Tax treaty article	(c) Number of montl claimed in prior tax ye		mount of exe	•
_			n Form 1040-NR, line 1k. E					
			preign country on any of the				☐ Yes	No No
3_	-		ts pursuant to a Competen	-			∐ Yes	🗙 No
м			Competent Authority deterr	mination letter to your	return.			
M 1.		year you are m	aking an election to treat ir under section 871(d). See ir					
2.	You have mad	e an election ir	n a previous year that has d with a U.S. trade or busir	not been revoked, to	o treat income from re	eal property l	ocated in th	e United
For Pa			see the Instructions for Fo		REV 03/04/24 PRO		OI (Form 1040	

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR. REV 03/04/24 PRO BAA